

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | VAN      |        | 04 31-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | H-2      | 1079   | 01/02/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 1        | 1/1/03 |
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| Claim    | Date   |
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| Final    |        |
| Original |        |
| 51       | 1/1/03 |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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